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Virginia Robertson, President

vrobertson@pcipublishing.com

FOR ADVERTISING INFORMATION:

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Contents

Fall 2006 Edition 09

5 President's Message

7 Executive Director's Message

8 Patient Safety Issues

12 Consumer Protection Corner



KBN Connection circulation includes over 70,000 licensed nurses and student nurses in Kentucky.

25 Personnel Corner

26 Practice Corner

28 Disciplinary Actions

30 Nurse Licensure Compact (NLC)

Statistics Corner

As of September 27, 2006, KBN records show:

RN Active	53,386
LPN Active	14,723
RN Retired	6
LPN Retired	381
Advanced Registered Nurse Practitioners	3,161
Sexual Assault Nurse Examiners	171
Dialysis Technicians Active	494
Dialysis Technicians Inactive	227

15 Highlights of Board Actions

20 Mandatory Online Renewal Information

22 Continuing Competency Requirements

24 CE/Continuing Competency Audit Process

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PRESIDENT'S MESSAGE

It is my privilege to serve the Commonwealth and its public as the president of the Kentucky Board of Nursing (KBN). On August 10, 2006, two new KBN

members, Deborah Phillips and Christe Coe, were sworn in. These individuals are the licensed practical nurse and registered nurse representatives, respectively, nominated by their professional organizations. Each was selected by Governor Ernie Fletcher from a list of nominees.

Deborah Phillips, LPN, replaces Phyllis Caudill-Eppenstein, LPN, whose term expired in June 2006. Deborah is employed by Christian Care Communities of Louisville. Christe Coe, RN, MS, of Louisville replaces Beth Partin, DNP, ARNP, whose term also expired in June 2006. Christe is employed by the Jewish Hospital Healthcare System. Both Deborah and Christe will serve four-year terms on the Board.

In the year ahead, KBN will be addressing essential issues important to safe practice and protection of the public. Dr. Jimmy Isenberg and Dr. Patricia Spurr will continue their work with the Task Force on Nursing Education. This task force has been charged with the responsibility of reviewing, revising, deleting, and adding regulations that will add clarity to the rules that guide and oversee prelicensure programs of nursing and continuing education providers. The members of the task force are representatives from across the state and are from both practice and education arenas:

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Another task force that is working to address issues relevant to the practice setting is the Task Force on Alternatives to Discipline. KBN already addresses alternatives to discipline for nurses affected by alcohol and substance abuse. The KARE program provides an alternative and treatment plan so that care can be sought and safe practice protected. However, this is not the only area of concern. The task force is examining whether or not there are areas of practice that might be addressed proactively to avoid disciplinary action. The members of the task force are Ann Veno, RN, MBA, Chair; Jan Ridder, RN; Deborah Phillips, LPN; Marcie Hobbs, RN, DSN; and Cathy Hogan, ARNP, MS.

KBN members and staff came together in Retreat on September 14 and 15 at General Butler State Park in Carrollton. Two of the topics discussed were "Just Culture" with David Marx and representatives from the Minnesota Board of Nursing and "off label" use of drugs and pharmaceuticals in clinical practice with the executive director of the Board of Pharmacy.

KBN welcomes your thoughts and ideas. All Board meetings and meetings of committees and task forces are open to the public. Meeting dates and times are posted on the KBN website at <http://kbn.ky.gov>.

Susan H. Davis, Ed.D., RN

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EXECUTIVE DIRECTOR'S MESSAGE

Recently, several KBN members, Board staff, and I attended the Annual Meeting of the National Council of State Boards of Nursing (NCSBN). The NCSBN is a federation of 59 state boards of nursing including Guam, District of Columbia, Virgin Islands, American Samoa, and the Northern Mariana Islands. All boards agree to use the NCLEX-RN and NCLEX-PN examinations and have as a common goal the regulation of nursing practice in order to protect the public. Representatives from member boards comprise the Examination Committee that oversees the entire NCLEX process—item development, test security, psychometrics, and administration.

While attending the NCSBN conference, your KBN representatives had an opportunity to network with board members and staff from other states, and they took part in discussions and decisions that will shape future nursing education and practice across the nation. The Delegate Assembly took votes on the content of the 2007 NCLEX examinations and accepted a number of new international sites for NCLEX administration. The NCLEX has been offered internationally since 2005 at test sites that include Great Britain, India, the Philippines, South Korea, and China.

During the conference, task forces and committees made up of participants from across the country presented a variety of position papers and reports. Topics such as evidence-based nursing education regulation and the transition of newly licensed nurses to practice were pertinent to KBN and all member boards. A position paper on medication administration by unlicensed personnel was accepted and a model nurse practice act was revised. A vision paper on the role of advanced practice nurses continues under development.

A proposed draft of a continued competency regulatory model was also adopted. This model brought together the recommendations of organizations such as the Institute of Medicine (IOM) and Pew Health Professions Commission, each of which in recent years has advised that health professions boards adopt continuing competency requirements. While KBN is not mandated to implement any of the adopted models or the recommendations of position papers and reports, their content is a resource to board members and KBN committees as they address issues pertinent to the education and practice of nursing.

NCSBN fostered a number of discussions of tools and activities boards might use in meeting their mandates to regulate nursing practice. Presentations on drug screening, fingerprinting and criminal background checks provided a valuable exchange of information. Attendees also discussed common national databases now in use to provide employers and boards easy access to information regarding nurse licensure and discipline.

The NCSBN structure enables individual boards to attain a level of service and quality that would be difficult to otherwise achieve. In addition to the annual meeting I've just described, NCSBN offers a number of training programs throughout the year attended by KBN Board members and staff—all of which enable us to better protect the citizens of the Commonwealth and provide service excellence to nurses across the state.

If you'd like more information on NCSBN, please see their website at www.ncsbn.org.

Charlotte F. Beason, Ed.D., RN

Action Needed to Prevent Serious Tissue Injury with IV Promethazine

Article reprinted from ISMP Medication Safety Alert! Nurse Advise-ERR (August 2006, Volume 4, Issue 8), with permission by the Institute for Safe Medication Practices.

Promethazine (PHENERGAN) injection is a commonly used product that possesses antihistamine, sedative, anti-motion sickness, and antiemetic effects. The drug is also a known vesicant which is highly caustic to the intima of blood vessels and surrounding tissue. Formulated with phenol, promethazine has a pH between 4 and 5.5. Although deep intramuscular injection into a large muscle is the preferred parenteral route of administration, product labeling states that the drug may also be given by slow IV push, which is how it is typically given in most hospitals. However, due to the frequency of severe, tragic, local injuries after infiltration or inadvertent intra-arterial injection, ISMP recommends that the FDA reexamine the product labeling and consider eliminating the IV route of administration.

Severe tissue damage can occur regardless of the route of parenteral administration, although intravenous and inadvertent intra-arterial or subcutaneous administration results in more significant complications, including: pain, burning, swelling, erythema, severe spasm of vessels, thrombophlebitis, nerve damage, paralysis, phlebitis, abscess, venous thrombosis, tissue necrosis, and gangrene. Sometimes surgical intervention has been required, including

fasciotomy, skin graft, and amputation.

The true extent of this problem may be unknown. However, scores of reports submitted to ISMP, USP, and the Pennsylvania Patient Safety Reporting System; articles in professional literature; news of lawsuits in the media; and communications on various Internet listservs and message boards (ISMP, National Patient Safety Foundation, allnurses.com, and others) suggest that patient harm may be occurring more frequently than recognized. A few examples follow.

In 2005, a 19-year-old woman went to the emergency department with flu-like symptoms and received the branded drug Phenergan IV. During the injection, she yelled out in pain and was tempted to pull out her IV line. After the injection, she told the nurse that her arm was still in significant pain and that she felt "something was wrong." The nurse reassured the patient and left the room. The patient's arm and fingers became purple and blotchy. The patient remained in the hospital for 30 days, during which she watched her previously healthy fingers turn black and shrivel. Her thumb, index finger, and top of her middle finger had to be amputated.¹

In 2005, a patient received 12.5 mg of promethazine IV into an IV site in the hand. During the injection, the patient complained of extreme burning, but the nurse continued administering the medication. The patient developed an area of necrosis on his hand, which eventually required skin grafting and physical rehabilitation.

In 2005, a physician intern posted the following request on the ISMP message board: "I am hoping

by posting this message I might get some immediate feedback...I am currently doing a rheumatology consult and saw a patient who presented with a history of an intra-arterial injection of Phenergan at another hospital, likely causing the extreme pain throughout her arm and gangrenous first two digits, which will most likely be amputated. I am hoping anyone who reads this with experience handling this problem or knows of a possible reversal will please contact me ASAP. From what I have been able to gather, there is no current published treatment protocol. The patient will likely have her two fingers amputated soon, and in my opinion, could require more and suffer from lifelong chronic pain. This is a relatively young individual which makes everything more tragic."

In 2004, a professional guitar player was awarded \$2.4 million for her past and future medical expenses and \$5 million for her pain and suffering after she endured two amputation surgeries following accidental arterial administration of the branded drug Phenergan. Suffering from a migraine, the woman had gone to the emergency department, where she received the Phenergan, intended for IV administration. She developed circulatory problems and then progressive gangrene which led to amputation of her arm in stages.²

According to the package insert, "Proper IV administration of this product is well tolerated, but use of this route is not without some hazards." To reduce the risk of these hazards, manufacturer labeling recommends to: give the drug in concentrations no greater than 25 mg/mL;

CONTINUED ON PAGE 11



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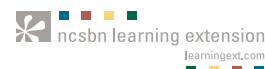
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administer the drug at a rate no greater than 25 mg/minute; inject the drug through the tubing of an infusion set that is running and known to be functioning satisfactorily; and to stop the injection immediately if the patient reports burning to evaluate possible arterial placement or perivascular extravasation. Nonetheless, ISMP believes these long-standing hazards require further action on the part of healthcare providers, FDA, and promethazine manufacturers. In the 1970s, after numerous reports of harmful infiltrations and inadvertent intra-arterial injections of hydroxyzine, FDA asked the manufacturer to revise the label and remove IV as an approved route. Today the drug is only indicated for IM or oral administration. Similarly, FDA should carefully investigate adverse events with promethazine to determine if labeling changes are warranted, including removal of FDA approval for IV administration. See Check It Out! for actions you can take to help prevent patient harm when administering IV promethazine.

References: (1) Friederich S. Malpractice allegations spotlight anti-nausea medication. The Daily World, Aberdeen, WA; December 7, 2005. (2) Patrick J. Marshfield woman wins 7.4 million jury award after she loses arm. The Barre Montpelier Times Argus; Barre, VT; March 19, 2004.

Check It Out!

Along with manufacturer recommendations, consider the following strategies to prevent or minimize tissue damage when giving IV promethazine.

Dilute the drug. Require further dilution of the 25 mg/mL strength to reduce vesicant effects and enable slow administration. For example, dilute the drug in 10 to 20 mL of normal saline if it will be administered via a running IV, or prepare the medication in minibags containing normal saline if there is time for pharmacy to dispense them for individual patients. Extravasation can also be recognized more quickly when promethazine is diluted than if the drug is given in a smaller volume.

Use large patent veins. Give the medication only through a large-bore vein (preferably via a central venous access site, but absolutely no hand or wrist veins). Check patency of the access site before administration. Note: according to the package insert, aspiration of dark blood does not preclude intra-arterial

placement of the needle because blood can become discolored upon contact with promethazine. Use of syringes with rigid plungers or small bore needles might obscure typical arterial backflow if this is relied upon alone.

Inject into the furthest port. Administer IV promethazine through a running IV line at the port furthest from the patient's vein.

Administer slowly. Administer over 10-15 minutes and remain with the patient to continuously observe the venous access site if administering the drug via a peripheral vein.

Limit concentration. Since 25 mg/mL is the highest concentration of promethazine that can be given IV, stock only this concentration (not the 50 mg/mL concentration).

Limit the dose. Consider 6.25 to 12.5 mg of promethazine as the starting IV dose. Hospitals have reported effectiveness with these smaller doses.

Revise orders. Revise preprinted order forms to ensure orders for promethazine reflect the safety measures listed above.

Educate patients. Before administration of the drug, tell patients to let you know immediately if burning or pain occurs during or after the injection.

Create alerts. Build an alert to appear on medication administration records (MARs) and on automated dispensing cabinet screens for nurses to view each time they access and administer a dose of promethazine, reminding them that the drug is a vesicant and should be diluted and administered slowly through a running IV.

Treat. The manufacturer notes there is no proven successful management of unintentional intra-arterial injection or perivascular extravasation. However, sympathetic block and heparinization have been employed during acute management of promethazine extravasations.

Ask for alternatives. Talk to pharmacy about safer alternatives that can be used for the conditions treated with IV promethazine. For example, 5-hydroxytryptamine type 3 (5-HT₃) receptor antagonists may be used for both prophylaxis and as rescue antiemetics. This drug class includes dolasetron (ANZEMET), granisetron (KYTRIL), and ondansetron (ZOFTRAN).

Remove from formulary. Some hospitals that have continued to experience adverse events despite safety measures have removed promethazine from their formulary or banned its IV use.

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Disciplinary Case Review

by **Ann Tino, RN, BSN,**
Certified Nurse Investigator, Consumer Protection Branch

Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of this nurse will not be revealed and will be referred to as Nurse CC.

Nurse CC was licensed by KBN in 2002 as a licensed practical nurse. He was employed full-time, night shift in the emergency room (ER) of a hospital in Kentucky. Nurse CC's employment with the facility was pretty uneventful until the morning of his last shift. He was allowed to leave early because he appeared sleepy. Unfortunately, on his way home, he was involved in a single car accident and returned to the ER via a police escort for blood testing. Vials of Demerol were found in Nurse CC's car. Needless to say, his ER visit was followed by a jail visit and subsequent termination from employment as a LPN for diversion of controlled substances for his own use. A formal complaint was sent to KBN and an administrative complaint was entered for his misdemeanor conviction, Operating a Motor Vehicle Under the Influence of Alcohol/Drugs. It does not stop there.

The facility conducted audits of their automated medication dispensing system and charts of patients cared for by Nurse CC over a 6-month timeframe. The results indicated discrepancies that increased over time and indicated a dramatic escalation of diversion by Nurse CC. Nurse CC removed controlled substances on patients without orders for the medications, removed controlled substances on patients that were previously discharged from the ER and not yet been removed from the system, and he failed to document administration of the controlled substances in the charts of the patients that had orders for the medication. The manager of the ER reported no indications of on-duty impairment throughout his employment with them; other than the morning he was sent home.

Once this was reported to KBN, Nurse CC was issued an Order for a Chemical Dependency Evaluation. To no surprise, the evaluator confirmed a diagnosis of chemical dependency and recommended completion of an Intensive Outpatient Treatment Program. Nurse CC appeared for an investigative meeting and admitted he diverted controlled substances for his own use. Entry into the Kentucky Alternative Recovery Effort for Nurses Program (KARE) was discussed as possible resolution to the complaints before KBN as opposed to formal disciplinary action on Nurse CC's license. Nurse CC would have to show proof of completion of the evaluator's recommendations before a formal referral to KARE could be made.

KBN recognizes chemical addiction as a disease. Nurse CC was obviously suffering from his addictions, primarily to Morphine and Demerol, and would have been a prime candidate for KARE. He seemed amenable to that possibility.

Nurse CC failed to maintain further contact with KBN

and his case was scheduled for a hearing. The Board moved for a default order and it was granted pursuant to KRS 13B.080 (6). This means that Nurse CC failed to respond to the Notice of Hearing and Statement of Charges he was sent via certified mail and he failed to respond or appear at a pre-hearing conference at the KBN office. The Board agreed that Nurse CC's license should be suspended for one (1) year and he would need to request a hearing to consider reinstatement of his license.

Again, it does not stop there. Nurse CC continued to ignore KBN's correspondence and ultimately his license was **REVOKED** for failure to return the license card to KBN. Not only must he petition for a hearing to request reinstatement of his nursing license, he now must comply with requirements of 201 KAR 20:225 by taking the licensure examination again and achieving a passing score. Yes, he must take and pass NCLEX again. In and of itself, taking the NCLEX again could be a nurse's worst nightmare.

From an Investigator's standpoint, this case exhibited clear violations of the Kentucky Nursing Laws and could have been resolved in the best interest of the nurse and the public. However, due to Nurse CC's noncompliance with the Board, his road to recovery will have many more obstacles and hurdles to overcome.

There can be many lessons learned from this case: 1) be aware of your peers and recognize drug use in the workplace. Look for signs of impairment which **include but are not limited to:** excessive sick leave, patterns in absenteeism, over willingness to medicate other nurses' patients, appearing on the floor on their scheduled days off, extended breaks and lunches, personality changes, patient complaints, increased mistakes, errors in judgment, suddenly unable to meet deadlines, inability to perform routine tasks, or sleepiness; 2) be aware of the nursing law as it relates to notification to KBN of any criminal conviction, KRS 314.109 reads "*...any misdemeanor or felony criminal convictions, except traffic-related misdemeanors other than operating a motor vehicle under the influence of drugs or alcohol, in this or any other jurisdiction.*"; 3) notify KBN of any change in address as the law mandates according to KRS 314.107. It is possible that Nurse CC merely moved and he failed to change his address with KBN; 4) know that the KARE for Nurses Program is a confidential alternative to discipline program to assist nurses with chemical dependency to return to safe nursing practice; and 5) read this newsletter for updates and changes related to the law. Remember, you worked hard for your license and you need to protect it. The license you save could be your own.

For practice related issues, contact Bernadette Sutherland, Nursing Practice Consultant, at 502-429-3307 or toll-free at 1-800-305-2042, ext 231. For questions about the KARE for Nurses Program, contact Paula Schenk, Program Director, at 502-429-3300, ext. 236, or toll-free at 1-800-305-2042, ext. 236.



What is the KARE for Nurses Program?

by **Paula S. Schenk, RN,**
KARE Program Director, Consumer Protection Branch

The Kentucky Alternative Recovery Effort (KARE) for Nurses is a program developed and offered by KBN. The purpose of KARE is to identify and assist nurses whose abilities to provide nursing care are compromised by dependency on drugs or alcohol so that they can return to competent and safe practice. The program recognizes that nurses are individuals who have dedicated their lives to helping others and are now in a need of help. KARE's foundation is that substance abuse is treatable and that the recovery and return of competent nursing practice is in the best interest of the nurse and public health. KARE believes that a nurse should not lose a job or license due to substance abuse and offers an opportunity for encouragement, treatment and recovery. The program emphasizes hope and is administered with compassion, confidentiality, concern and dignity for the nurse.

The Disease . . . Many people believe that nurses are immune from addiction by essence of their intelligence and education. In reality, exposure, easy availability, and familiarity with medications often lead predisposed health professionals to develop chemical dependency. Substance abuse is one of the major factors threatening safe nursing practice. Chemical dependency is a chronic, progressive illness characterized by the use of chemicals in spite of adverse consequences. This compulsive-use cycle may have periods where use is controlled, but it is normally followed by at least one episode of out-of-control use causing adverse consequences in one's life. Not recognizing or dealing with chemical dependency will exacerbate the problem. Often we are too engrossed in our own problems to be objective and our individual efforts result in more stress that increases the severity of the situation. Left untreated, chemical dependency will not only risk your life, but the life and safety of patients.

There is a place to turn for help . . . Nurses often buy into the myth that they should be able to handle their chemical dependency because they are health care providers. What may seem a tremendous burden to one person can become a lighter load when shared with someone else. The first step is to admit there is a problem. It isn't easy to admit to another person that we are having trouble handling our problems alone. It is a subject that we avoid discussing or confronting. Yet once we reach that first step, we can begin the process of regaining our life.

Services . . . KARE develops individualized Program Agreements based upon the unique circumstances of the nurse. Monitoring can be facilitated in many ways, some of

which are listed here:

- Assisting with identification, assessment and referral to approved treatment providers.
- Monitoring participants compliance during recovery and continued nursing practice.
- Providing education to nurses, employers and other groups about KARE.
- Providing encouragement and support to help ensure the participants are able to practice nursing in accordance with acceptable and prevailing standards of safe nursing care.

Confidentiality . . . Requests for information and/or assistance are strictly confidential. All records of program participants are confidential. Participation in KARE is voluntary and will remain anonymous to KBN as long as the participant is compliant with the terms of the program agreement.

Eligibility . . . A nurse may access KARE by self-referral, board referral, referral from another person or agency, such as an employer, coworker or family member. Admission to the KARE Program is available to individuals who, at the time of application, meet the requirements listed below:

- RN or LPN, licensed in Kentucky or an applicant for a credential issued by KBN;
- Request participation in the program regardless of whether referred by the board, self, or another person;
- Admit in writing to being a chemically dependent individual;
- Have not been terminated from a similar program in this or any other state for noncompliance;
- Have attended an approved treatment program;
- Obtain a chemical dependency assessment, which includes a complete physical and psychosocial evaluation performed by a licensed or certified medical or psychological specialist in the field of drug, alcohol, or other chemical dependency;
- Agree to the terms set forth in the agreement; and
- Agree not to be employed in any capacity in a patient care setting or one that requires licensure until approved to do so by the program staff.

Questions?

KARE compliance forms are located at
<http://kbn.ky.gov/kare.htm>.
To obtain further information or to make
a confidential referral, contact Paula
Schenk, KARE Director; or Jill Cambron,
KARE Coordinator; at 800-305-2042, Ext.
236 or 289, or by email at
PaulaS.Schenk@ky.gov or
JillM.Cambron@ky.gov.

CONTINUED ON NEXT PAGE

Signs and Symptoms of Possible Impairment Due to Chemical Dependency

by **Paula S. Schenk, RN,**
KARE Program Director, Consumer Protection Branch

Behavioral Signs

- Extreme and rapid mood swings
- Increased isolation from family, friends, and/or peers
- Inappropriate, bizarre, or erratic behavior
- Elaborate and/or implausible excuses for behavior
- Memory lapses or blackouts (periods of temporary amnesia)
- Decreased ability to concentrate or focus
- Overreacting verbally or becoming disproportionately angry or emotional without reason or provocation
- Denial of a problem with alcohol or other drugs of abuse

Physical Signs

- Unkempt appearance
- Shakiness, tremors
- Slurred speech
- Flushed face
- Bloodshot eyes
- Smell of alcohol on breath
- Injuries such as bruises, burns, wounds

- Increased physical complaints resulting in increased reliance on prescription pain medications
- Impaired motor coordination

Job Performance Changes

- Job shrinkage (doing less work than usual)
- Difficulty meeting deadlines
- Too many medication errors
- Illogical, sloppy, or absent documentation
- Too many controlled drugs spilled or broken
- Excessive discrepancies in documentation related to controlled substances

Time and Attendance Changes

- Increased absenteeism particularly following scheduled days off
- Absent from unit/floor without explanation
- Arrives at work early and stays later after shift completed
- Comes to work when not scheduled to be there
- Volunteering for extra shifts
- Volunteering to be the medication nurse
- Suspicious behavior concerning controlled substances
- Volunteering to administer pain medications to other nurses' patients
- Signing out greater amounts of controlled substances than other nurses
- Patient complaints of ineffective pain medication or that they are not receiving pain medication

ARNPs AND PRESCRIPTIVE AUTHORITY

Senate Bill 65 was passed by the 2006 General Assembly and allows ARNPs to prescribe controlled substances under certain conditions and subject to certain limitations. The limitations refer to the specific schedules of controlled substances. Information on the particular limitations can be found by accessing the KBN website at <http://kbn.ky.gov> and referring to Senate Bill 65.

The conditions under which an ARNP can prescribe are as follows:

1. The ARNP must have been registered in the state for at least one year or in another state for at least one year.
2. The ARNP must enter into a written Collaborative Agreement for Prescriptive Authority for Controlled Substances, CAPA-CS, with a physician of the same or similar specialty. KBN has developed a guideline for determining when a physician is of a similar specialty (available on the KBN website).
3. The ARNP must notify KBN of the existence of the CAPA-CS by filing KBN's notification form (available on the KBN website). A separate notification form must be filed for each agreement, if there are multiple agreements. Do not send a copy of the CAPA-CS – send only the notification form.
4. The ARNP must apply for and receive a DEA number. The application for a DEA number is available online at www.deadiversion.usdoj.gov/online_forms.htm.

ARNPs who wish to prescribe nonscheduled drugs must continue to enter into a Collaborative Agreement for Prescriptive Authority for Nonscheduled Drugs, CAPA-NS, with a physician. The ARNP does not need to notify KBN of the existence of a CAPA-NS.

For more information, contact Bernadette Sutherland, Practice Consultant, at 502-429-3307 or BSutherland@ky.gov; or Nathan Goldman, General Counsel, at 502-429-3309 or Nathan.Goldman@ky.gov.

HIGHLIGHTS OF BOARD ACTIONS

Spencerian College

Approved the Final Order as follows:

Based upon the foregoing findings of fact and conclusions of law, the Board orders as follows:

1. KBN withdraws approval from the Spencerian College Associate Degree in Nursing (ADN) Program.
2. At the end of the current quarter, consistent with the terms set forth below, the ADN program shall cease all activities for which KBN approval is required.
3. The Spencerian College ADN Program shall comply with all requirements of 201 KAR 20:380, Section 3, including but not limited to ensuring that students enrolled in the ADN program receive the educational services for which they paid through the end of the current quarter. Arrangements shall be made to reimburse any currently enrolled student who has paid for educational services beyond the end of the current quarter.
4. The Spencerian College ADN Program shall not reapply for approval of an associate degree in nursing program for a period of two years from the date of this final order. This requirement is not a punitive measure. KBN imposes this requirement to ensure that Spencerian College takes sufficient time to address the serious and longstanding deficiencies of its ADN program.
5. If Spencerian College reapplies to KBN for approval of an associate degree in nursing program, it shall comply with all then-current requirements for application; and at the time it applies, it must provide proof that all students currently enrolled in the ADN program received the educational services for which they paid, or that they were reimbursed in a timely fashion for services not rendered; and it must provide proof that it complied with the terms of this order and the requirements concerning closure in 201 KAR 20:280, Section 3.

Nursing Education

- Granted developmental approval status to the following: Practical Nursing Program, ATA Career Education, Louisville; and Associate Degree Nursing Program Extensions at Bluegrass Community and Technical College—Danville and Lawrenceburg. Directed that the programs submit a progress report within 3 months of entrance of the first class documenting the implementation of the program proposal to include the following: admission details; copy of the student handbook; copy of each syllabus for the 1st semester; list of faculty as assigned by course; list of signed clinical agreements; the plan for clinical site per course for upcoming academic year; evaluation plan for the extension; and faculty office space. The Lawrenceburg Extension progress report also includes the list of equipment purchased for the lab and any redesign of the facility to accommodate the clinical lab area.
- Directed that the educational requirements as outlined in 201 KAR 20:320.1.3(b) be waived for Joan Staley for one academic year with the understanding that she will comply with the

academic plan submitted to the committee for achievement of required academic qualification.

- Approved the curriculum change proposed by Pikeville College, Pikeville, to add two nursing credit hours to strengthen pharmacology and decrease a three credit hour support course to accommodate this change.
- Accepted the application from Bowling Green Technical College—Glasgow to establish an Associate Degree Nursing Program.

Nursing Practice

Approved the letters of response to the following opinion requests: Proposed amendments to 907 KAR 1:145, Support for Community Living Services for an Individual with Mental Retardation or a Developmental Disability; role of the LPN in training unlicensed school personnel to perform delegated acts; administration of Versed (midazolam) via an intranasal route in school settings; whether the performance of wound care treatment, as prescribed, using the "Anodyne ® Therapy Professional System 480" is within the scope of RN practice; use of cosmetic lasers by nurses; degree of supervision needed by nurses who perform cosmetic laser treatments.

Nursing Incentive Scholarship Fund Awards

Directed the funding of 27 continuation applicants (\$66,000), 64 new applicants through the 70-point range (\$172,500), 7 new applicants

MARK YOUR CALENDARS

**2007 Kentucky Board of Nursing Biannual Conference will be held on Friday, June 1, 2007.
Kentucky Fair and Exposition Center
Louisville, KY**

through the 65-point range in LPN and BSN programs (\$16,500), and 16 new graduate student applicants in the 60-point range that will graduate by May 2007 (\$46,500) for a total of 87 new applicants. Total funding for scholarships in 2006-2007 will be \$301,500.

Administrative Regulations

Approved amendments to the following administrative regulations: 201 KAR 20:056, ARNP registration, program requirements, recognition of a national certifying organization; 201 KAR 02:057, Scope and standards of practice of ARNPs; 201 KAR 20:070; 201 KAR 20:110; 201 KAR 20:161; 201 KAR 20:310; 201 KAR 20:411; 201 KAR 20:450; 201 KAR 20:500; 201 KAR 20:470. Approved the proposed administrative regulation 201 KAR 20:058, ARNP controlled substances prescriptions.

Disciplinary Actions

Approved 18 Proposed Decisions as written and received reports on the approval of 22 Agreed Orders, 24 Consent Decrees, and 4 Removal of Licenses from Probation.

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We are aggressively searching for compassionate and knowledgeable RN's and LPN's to join our professional staff of caregivers. **Positions available: Nurse Manager, RN's, and LPN's.** The Nurse Manager (day shift) position requires a current unrestricted license in KY. We strongly prefer a BA in nursing with 4 years experiences but will consider an Associates Degree with 6 years of experience (preferably in a psychiatric setting). RN and LPN candidates must have a current unrestricted license in KY. Psychiatric experience preferred but is not required. Candidates must have computer competency in approved hospital systems. These positions also require you to have excellent written and verbal communication skills. We offer a competitive salary and benefits package.

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Louisville, KY 40223
Fax: 502.253.7435

Our Nurses Are Rising Stars

University of Kentucky Albert B. Chandler Hospital has been named a Magnet™ hospital by the American Nurses Credentialing Center in recognition of the outstanding nursing care at UK Chandler Hospital and Kentucky Children's Hospital. UK Chandler Hospital was the first in Lexington and the 38th among 6,000 hospitals in the nation to have earned this achievement.

Shared governance

Nurses at UK Chandler Hospital recently revised their council structure to better facilitate communication between management and direct-care nursing staff. This shared governance model facilitates effective organization and communication, as well as shared decision making throughout nursing services. Twenty-one unit-based nursing councils meet at least quarterly. A Nurse Executive Council oversees these councils and six evidence-based unit councils (research, education, professional development, operations, practice and quality).



Nurse empowerment

Our council committee structure empowers nurses, allowing them to provide the best care possible and leads to more satisfied nurses and better retention. As a Magnet institution, it is imperative we support our nurses in the exercise of autonomy and decision-making necessary to provide our patients with optimal care. We realize providing the best care possible to our patients can only be accomplished by working well together. We are honored to be recognized as a Magnet institution because it means we are upholding the highest possible nursing standards.

UK offers an excellent salary and benefits package, flexible scheduling, continuing education and a work environment surpassing all others.



**We take pride
in providing the
best care possible.”**

For information on how you can become a nurse at UK Chandler Hospital or Kentucky Children's Hospital, please contact:

UK Chandler Hospital
Nurse Recruitment
800 Rose St. H161
Lexington, KY 40536-0293

(859) 323-5851

(800) 233-5851

www.mc.uky.edu/uknursing

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- Jamessa Scott, RN

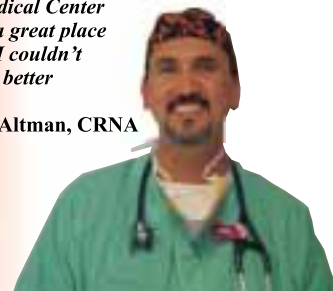


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- Call is via beeper from home, taken 1:1 with an anesthesiologist
- CRNAs are encouraged to perform their own regionals and central lines

"I live in Pikeville because it's a great place to raise a family. I work at Pikeville Medical Center because it's a great place to practice. I couldn't have made a better decision."

- Chris Altman, CRNA



Contact:

Brian Mullins
Pikeville Medical Center
911 Bypass Road • Pikeville, KY 41501
Ph: (606) 218-3504 • Fax: (606) 437-9708
brian.mullins@pikevillehospital.org

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Mandatory Online Renewal



Fees:

\$50 RN; \$50 LPN; \$40 ARNP; \$35 SANE

Renewal Period Ends October 31, 2006:

All RN, LPN, ARNP, and SANE licenses, registrations and credentials must be renewed before midnight, Eastern Time, October 31. Licenses that are not renewed by that time will lapse and must be reinstated. To reinstate a lapsed license, you will be required to submit an application for reinstatement, the reinstatement fee, copies of your continuing competence, and proof of earning 3 hours of CE in domestic violence. Remember, you cannot practice as a nurse in Kentucky if your license has lapsed. Don't delay in renewing your license. Remember it may take up to 4 weeks to receive your new license card.

Mandatory Online Renewal Information:

This year, all RNs, LPNs, ARNPs and SANEs must renew online at <http://kbn.ky.gov/online/srvs/renewal.htm>. The renewal site is a secure system located behind two firewalls, using the highest level of encryption available. To renew, you will need the last four digits of your social security number, license number, and date of birth. You will also need one of the following methods of payment: A MasterCard or Visa credit/debit card or you may have the payment deducted from your checking/savings account. Prepaid credit cards are also available from many banks.

Using any computer with Internet access, you can renew at any time of day, any day of the week, and receive instant notification that your renewal information was received by KBN. You may also change your address at the time of renewing. You may access the renewal link until midnight October 31, 2006, when access to the link is disabled. If you failed to renew and/or failed to submit required documentation before the October 31 deadline, your license will lapse. Required documentation includes:

1. Court records and letters of explanation, if you

- answer "yes" to the criminal activity question.
2. Board certified orders and letters of explanation, if you answer "yes" to the disciplinary history question.
3. Letters of explanation and other requested documentation, if you answer "yes" that your ARNP national certification was probated.
4. Other documentation requested by KBN staff.

Do NOT submit evidence of continuing competency earnings or of permanent residence unless requested to do so.

When you click on the "submit" button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirement by October 31. Similarly, when you click on the "submit" button at the end of the RN-ARNP renewal, you are attesting that you have met both the continuing competency requirement and that you have current national certification.

ARNP Renewal

If you are renewing your ARNP registration, you MUST use the RN-ARNP link on the renewal web page. From this link, you will renew your RN license and your ARNP registration simultaneously, for the combined fee of \$90 (RN-\$50 and ARNP-\$40). Be sure you do not use the RN-LPN link.

SANE Renewal

Before you will be able to renew your SANE certification, you must renew your RN license from the RN-LPN renewal link. When you have completed that process, proceed to the SANE link to renew your SANE certification. If you are a SANE and an ARNP, renew your RN-ARNP first (see above information), and then renew your SANE credential from the SANE link.

Military Nurses Deployed Overseas

If you are a military nurse and will be deployed overseas during the renewal period, you have two options:

1. Submit a copy of the official overseas deployment orders to KBN. Your license will

be renewed to reflect an expiration date through the renewal period that corresponds with your deployment orders. You are not required to submit a fee, and you are exempt from meeting the continuing competency requirement.

2. Do nothing until you are reassigned to the United States. You will have 90 days after your return to request the renewal of your license. You must submit a copy of the orders you receive for your reassignment to the United States. You will not be required to pay the renewal fee, and you will be exempt from meeting the continuing competency requirement.

Paper Renewal Applications

Paper renewal applications will be available for an additional fee of \$40. This fee does not include the renewal fees listed previously. To request a paper renewal application, you must return the designated portion of the renewal notification postcard and a check or money order in the amount of \$40. A paper application will be mailed to you (beginning September 10). When you return the renewal application to KBN, you must include the appropriate renewal fee.

Reinstatement of a Lapsed License

If you failed to renew your license before midnight October 31, 2006, your license will lapse, and you may not continue to practice as a nurse in Kentucky until your license has been reinstated.

To reinstate your license, you must complete a reinstatement application, pay the \$120 application fee, and submit proof of earning the continuing competency requirement, as well as proof of earning the domestic violence three contact hour CE requirement. Until all documents are received and reviewed, your application for reinstatement will not be processed. If you submitted your renewal application to KBN but failed to meet all requirements for renewal, the \$50 renewal fee will be applied to your application for

CONTINUED ON PAGE 21

reinstatement. Remember, you may not practice as a nurse in Kentucky until your license has been reinstated.

It may take up to 10 working days to have your license reinstated and up to 4 weeks to receive an active license card. You may not work in Kentucky as a nurse without a current, active license.

Inactive Registered Nurses

All inactive RN licenses will lapse at midnight, October 31, 2006, and the inactive status will no longer be available. If you hold an inactive RN license, you may:

1. Let your license lapse. A lapsed license is not associated with disciplinary action, and you do not have to earn continuing competency credits while your license is lapsed. You may reinstate to an active status at any time after October 31, 2006 by filing an application, fee, and meeting the continuing competency requirements at the time of your reinstatement. You do not have to retake NCLEX to reinstate from a lapsed license status.
2. Change to an active status between June 1 and October 31, 2006 to receive an active license that expires October 31, 2007. File an application, fee and the continuing competency requirements. After your application is reviewed, your license may be changed to an active status.
3. Apply online for a retired license status. After November 1, 2006, RNs may apply for a retired status by completing the application and paying the one-time \$25 fee. LPNs may apply at any time. The retired license status is not subject to renewal. You may use the initials RN or LPN if you hold a retired status license but you cannot practice as a nurse in Kentucky.

Remember, if you practice as a nurse in Kentucky without an active nurse's license, you are subject to disciplinary action. Additional information and applications for reinstating or changing to an active or a retired status are on the KBN website at <http://kbn.ky.gov>.

VERIFICATION OF ORIGINAL LICENSURE

Verification of Original Licensure is a process used by most state boards of nursing to verify that an individual was licensed in the state, that the individual passed the licensure examination, the date the original license was issued, the program of nursing from which the individual graduated, the date of graduation, and any disciplinary action taken on the license. A state board may issue its own verification of original licensure, or it may use the National Council of State Boards of Nursing to provide the original licensure information to another board of nursing.

In January 2006, KBN became a participating member of Nursys®, the nurse licensing

database for the National Council of State Boards of Nursing. Nursys® includes data from all Member Boards that have provided licensure data to the National Council. Currently, access to the database is restricted to the National Council's Member Boards.

The Nursys® database includes license, education, and discipline information about nurses in the participating jurisdictions. Currently, 34 states provide licensure data to the Nursys® database: Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Idaho, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia-PN, and Wisconsin.

As a participating member of Nursys®, KBN does not directly provide verification of original licensure information to any other state board of nursing. If you were originally licensed in Kentucky or any state listed above, and are seeking a nursing license by endorsement in another state, you must go to www.nursys.com to submit a request for verification and pay the \$30 fee by credit card. The board of nursing from which you are seeking licensure by endorsement may also provide the Nursys® request form in their application packet.

If you need verification of your original licensure information sent to an entity other than another board of nursing, such as the Commission of Graduates of Foreign Nursing Schools or a national certifying organization, you must submit a written request to KBN and include a check or money order in the amount of \$50.

VALIDATION OF LICENSURE

Verification of Original Licensure differs from Validation of Licensure. Validation of Licensure is a process that most employers use to validate that a person holds an active or lapsed nursing license, temporary work permit, temporary registration (for ARNPs) or provisional license to practice nursing in Kentucky, when that license was issued, and whether there is any disciplinary action against the holder of the license. The Basic level of licensure validation is available, at no cost, from the KBN website at <http://www.kbn.ky.gov/onlinehrs/bulkvalidation>. Enhanced versions of the validation process are also available (see the following article). The validation process also provides information on the individual's status on the Kentucky Nurse Aide Registry (KNAR), specifically, whether the person holds an active status on the KNAR and whether the individual is listed on the Kentucky Nurse Aide Abuse Registry.

You may also go to the KBN web address listed above to validate that your license was renewed. You may query using either your license number or your social security number.

THREE LEVELS OF LICENSE VALIDATION SERVICES

by Don Snow,
Information Systems Manager

As this year's nurse license renewal period winds down, a corresponding increase in license validations by administrators ensues. This, then, would seem an opportune time to acquaint all with the three levels of validation services offered through the KBN website.

Basic: The basic level continues to be essentially the same functionality as when first introduced five years ago. That is to say, up to 40 licenses may be keyed at one time. Validation for each will be provided online and will be available to be downloaded by the customer. With this option, none of the keyed licenses will be retained: subsequent validations for any given licensee must be re-keyed, and no notifications of status changes would be provided.

Since March of this year, no charge is assessed for the base level of service. If yours is a small facility and/or you are not concerned with notifications of status changes, then this may be the service level you select. On the other hand, even small facilities may wish to consider the value-added features of the other two service levels and make choices accordingly.

Enhanced: A second level of service, "Enhanced," allows up to 500 licenses that may be keyed at one time. These 500 will be retained in a database and can be edited by the customer as some licensees leave and others come on-board. Subsequently, the entire database (up to 500) may be validated again without re-keying the licensees. Additionally, when there is a status change (alert code added or expired license) to any of these licensees, an email notification, with a link to the affected license, will be provided as an alert that you may wish to validate the license again.

There is an annual subscription and premium service charge of \$225 for this value-added second level. Also, as a license is validated, a charge of \$0.10 (per license validated) will be assessed, and validation charges will be billed to the customer on a monthly basis.

If your facility employs 500 or fewer nurses, wishes to avoid keying the licenses more than once, and wants email notifications of status changes, then this may be the service level of your choice.

Premium: The third level, "Premium," is an extension of the second with some important added features: There is no limit on the number of licenses that you may submit to be retained in the database, and the method of submission can be an uploaded file rather than keying. As with the second level, this "Premium" service also provides for email notification of a status change, database edit capability, and subsequent validation of the entire database without resubmitting the upload.

The annual subscription and premium service charge is \$375 for this third level. The \$0.10 per license validated and monthly billing also apply. Larger facilities would likely prefer this level.

So the choice is yours. You decide the service level that is best for you. It should be noted that none of the fees from levels two and three are retained by KBN. These are charges from our service partner in order that the enhanced options may be provided to you.

Visit the KBN website at <http://kbn.ky.gov>, click on "Online Services," then "License Validation" for more details and access to the services.

CONTINUING COMPETENCY REQUIREMENTS

by **Mary Stewart**, Continuing Competency Program Coordinator

Change in Earning Periods for All Nurses

Nurses are now required to renew their license on a yearly basis. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

Each year KBN audits a randomly

with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR

7. Proof of earning 7 approved

Earning Period	For Renewal By	# CE Hours
LPNs and RNs		
11/1/06 – 10/31/07	10/31/07	14 or equivalent
11/1/07 – 10/31/08	10/31/08	14 or equivalent

selected pool of nurses. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the *Kentucky Nursing Laws*.

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include one of the following:

1. Proof of earning 14 approved contact hours; OR
2. A national certification or recertification related to the nurse's practice role (in effect during the whole period or initially earned during the period); OR
3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR
4. Publication of a nursing related article; OR
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR
6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship

contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least 6 months of the earning period.

8. College courses, designated by a nursing course number, and courses in physical and social sciences will count toward CE hours. **One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.**

Domestic Violence CE Requirement:

There is a requirement to earn 3 contact hours of approved domestic violence CE within 3 years of initial licensure (one-time only). This requirement is included as part of the curriculum for nurses graduating from a Kentucky nursing program on or after 5/1998. The CE audit will monitor compliance of the 3 contact hours of domestic violence CE. Many nurses may have met this obligation during the previous renewal period, however, if selected in the random CE audit, the nurse will be required to furnish a copy of the certificate of attendance for domestic violence CE even if it was earned during the last renewal period. This requirement applies to licensure by examination, as well as licensure by endorsement from another state.

Pharmacology and Sexual Assault CE Requirements:

ARNPs are required to earn 5 contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn 5 contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned.

HIV/AIDS CE Requirements:

The 2 hours of mandatory HIV/AIDS CE must be earned once within the appropriate earning period. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 – 10/31/2012. The HIV/AIDS course must be approved by the Cabinet for Health and Family Services or offered by an approved CE provider (see the list of national nursing organizations recognized by KBN). Nurses are required to maintain proof of earning the CE for up to 12 years.

CE Requirements for New Licensees:

All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Individual Review of CE Offerings Presented by Organizations NOT Recognized by KBN:

If a college course does not fall within the designated categories (see #8 of CE Information Concerning Renewal), and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to KBN for review of the course. Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, nor are CPR/BLS, in-service education, nor nurse aide training. ACLS or PALS courses ARE acceptable for CE hours if given by

continued on page 24

" Our nurses are such great teachers,
the ones I have been assigned
to work with are awesome."

Nikki Christian, OMHS Nurse



Nurses have numerous employment options. Sorting through offers and incentives can be challenging, especially for graduates with no previous nursing experience.

But for Nikki Christian it was a straightforward decision; the seasoned surgical technician knew where she wanted to put down her career roots.

"There was no question about where I wanted to work when I finished nursing school," said Christian, who worked at hospitals in the Owensboro region for six years, "falling in love" with nursing while observing nurses during her tenure in hospital operating rooms.

Christian, who came to work at OMHS as a nurse extern following her third semester of nursing school, worked seven months in the Coronary Care Unit. Today, she is a nurse graduate and is a full-time Intensive Care nurse. She considers nurses at OMHS a significant part of her education.

"Our nurses are such great teachers," she said. "The ones I have been assigned to work with are awesome."

The next steps for Christian include a bachelor of science in nursing and eventually becoming a nurse anesthetist. But she said she knows where she wants to be.

"This is my home, that's for sure."

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Contact the KBN office or go to <http://kbn.ky.gov> to obtain an Individual Review Application.

Complete and return it to the KBN office with requested materials and the \$10 non-refundable application fee. **Individual Review Applications must be submitted by November 30 of the licensure year.** KBN will notify the individual of

the review outcome (i.e., approval or rejection) within about 6 weeks of receipt of the submitted materials. A notification of CE/competency approval should be retained for a minimum of 5 years. Individual review is not required if an offering is approved for CE by an organization recognized by KBN. A complete list of these organizations is available on the

KBN website at <http://kbn.ky.gov/education/ce/natlogrs.htm>.

Additional information about CE/competency can be found on the KBN website at <http://kbn.ky.gov/education/ce.htm>.

CE/CONTINUING COMPETENCY AUDIT PROCESS

Recently, several inquiries have been received at KBN concerning the CE audit process. Many of these questions have been brought about because of the recent changes in the KBN administrative regulations for continuing competency (201 KAR 20:215). Not only has there been a change in the renewal and earning period, but there has also been a change in the number of contact hours required. Enclosed in this publication you will find a summary of CE/competency requirements, and notification that all nurses are now required to renew their license on a yearly basis.

KBN begins preparation for the CE audit immediately following the renewal period. Any nurse renewing his/her license is subject to the audit unless the license is on "exempt" status. Nurses renewing their license for the first time in

Kentucky are exempt from earning CE hours and are, therefore, not included in the audit. Nurses are randomly selected to participate in the audit through a computerized system. Audit letters are generated, printed, and mailed by February 1 of each year with a return request date of March 31.

Audit responses received in the KBN office are approved or denied by the Continuing Competency Program Coordinator. Approval letters are mailed to all individuals meeting audit conditions. Individuals that are non-compliant with the audit requirements will be mailed letters stating the nature of the deficiency, and given a specific amount of time to correct the deficiency. Individuals earning the CE hours late will be offered the right to enter into a legal agreement called a Consent Decree, and the appropriate fine will be

issued. If entering into the Consent Decree agreement and paying the fine is not agreeable, the nurse will be given the right to a Board hearing.

Approximately March 15, a list of the names of nurses that have not yet responded to the audit will be compiled, and letters will be written to those individuals informing them that their records will be forwarded to the Investigation and Discipline Section of the Consumer Protection Branch for initiation of disciplinary action. At this time, audit responses for all nurses that are non-compliant to the audit requirements will also be forwarded to the Consumer Protection Branch. If an individual's audit response is forwarded to the Consumer Protection Branch, that person will automatically be included in the audit the following year.



Psychiatric Mental Health Nurse Practitioners with Child Certification Needed

Kentucky River Community Care, Inc., a private non-profit Community Mental Health Center, in the beautiful mountains of Eastern Kentucky, is seeking a qualified candidate for a unique opportunity providing clinical outpatient care. If you are interested in:

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Hazard, KY 41701
(phone) 606-436-5761 • (fax) 606-435-0817
www.krcnet.com

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...REMINDER...

Please be reminded that it is unlawful for any individual to use a title for which he/she does not have proper credentials. See, for example, KRS 314.042(5). KBN has received information that on occasion some ARNPs have introduced themselves as "doctors" to their patients. This is only appropriate if the ARNP holds a doctoral degree, such as DNP, DNS, PhD, or EdD. Patients have written to KBN that when health providers introduce themselves as "doctor," it is confusing when attempting to make a choice as to whether they wish to see a physician or an ARNP. ARNPs with doctoral degrees should inform the patients that they are ARNPs, not physicians, when addressed as "doctor." Be advised that ARNPs who misrepresent their credentials could be subject to disciplinary action.

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PERSONNEL CORNER

Personnel Update

by **DeOndrea Bowdre,**
Personnel Administrator

Retirement:

Barbara McGee

Resignations:

Dea Cook

Linda Burgin

Appointments:

Diane Thomas

Patricia Clifford

DeOndrea Bowdre

Terri Barton

Cheryl Skaggs

Mary Jane Oswald



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LPN Intravenous Therapy Scope of Practice – Revised Regulation

During the February 2006 meeting, KBN approved revisions to the administrative regulation governing the LPN intravenous therapy scope of practice (201 KAR 20:490). Among the revisions are two significant changes to the scope of LPN practice. First, the placement of a non-coring needle into an implanted port is now considered RN practice and no longer within the scope of LPN practice. The LPN may provide IV therapy via an implanted port, as specified in the regulation, once the non-coring needle has been placed by a RN. Second, the LPN as specified in the regulation may now titrate only intravenous analgesic medications for hospice patients.

The revisions became effective September 1, 2006. A copy of the regulation follows. **NOTE: THE ADDITIONS ARE UNDERLINED AND REVISIONS/DELETIONS CONTAIN STRIKEOVERS.**

GENERAL GOVERNMENT CABINET BOARD OF NURSING (AMENDMENT)

201 KAR 20:490. Licensed practical nurse intravenous therapy scope of practice.

RELATES TO: KRS 314.011(10)(a),(c)
STATUTORY AUTHORITY: KRS 314.031(1), 314.011(10)(c)
NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.011(10)(c) authorizes the board to promulgate an administrative regulation to establish the scope of practice for administering medicine or treatment by a licensed practical nurse and KRS 314.011(10)(a) requires that licensed practical nurses practice under the direction of a registered nurse, physician, or dentist. This administrative regulation establishes the scope of that practice as it relates to intravenous therapy.
Section 1. Definitions.

- (1) "Administration" means to initiate and infuse intravenous therapy.
- (2) "Antineoplastic agent" means a

medication that prevents the development, growth, or proliferation of malignant cells.

- (3) ~~[(2)]~~ "Bolus" means a concentrated medication or solution given rapidly over a short period of time.
- (4) ~~[(3)]~~ "Central venous ~~[route]~~ access device" means a catheter that is inserted in such a manner that the distal tip is located in the superior vena cava, inferior vena cava, or heart, including a peripherally-inserted central catheter and an implanted port.
- (5) ~~[(4)]~~ "Direction" means a communication of a plan of care that is based upon assessment of a patient by an advanced registered nurse practitioner, a registered nurse, physician, or dentist that establishes the parameters for the provision of care or for the performance of a procedure.
- (6) ~~[(5)]~~ "Discontinuance" means to stop the infusion of the medication or fluid and does not include removal of the intravenous access device.
- (7) "Fibrinolytic agent" means a pharmaceutical agent capable of dissolving blood clots.
- (8) ~~[(6)]~~ "Mix" or "mixing" means to combine two (2) or more medications or solutions, and includes ~~[does not mean]~~ to reconstitute a powder into a liquid, and ~~[or]~~ to dilute a medication or solution [to decrease its strength].
- (9) "Moderate sedation" means the administration of intravenous medications to produce a state that intentionally results in a depressed level of consciousness in a patient.
- (10) ~~[(7)]~~ "Peripheral ~~[route]~~ access device" means a peripherally-inserted intravenous catheter or needle ~~[access device]~~ that is less than or equal to three (3) inches in length.
- (11) ~~[(8)]~~ "Pharmacology" means information on the classification of intravenous drugs, indications for use, pharmacological properties, monitoring parameters, contraindications, dosing, clinical mathematics, anticipated side effects, potential complications, antidotal

therapy, compatibilities, stabilities, specific considerations for select intravenous drugs, and administration of intravenous medications to pediatric, adult, and geriatric populations.

- (12) ~~[(9)]~~ "Procedural sedation" means the administration of intravenous medications to produce a state that allows a patient to tolerate unpleasant procedures and may result[s] in a depressed level of consciousness.
- (13) ~~[(10)]~~ "Push" means ~~[manual]~~ administration of medication under pressure via a syringe.
- (14) ~~[(11)]~~ "Supervision" means the provision of guidance by a registered nurse, advanced registered nurse practitioner, physician or dentist for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed in a safe manner.
- (15) ~~[(12)]~~ "Supervisor" means the registered nurse, advanced registered nurse practitioner, physician or dentist who provides supervision of the licensed practical nurse's practice as defined in subsection 14 ~~[(11)]~~ of this section.
- (16) ~~[(13)]~~ "Therapeutic phlebotomy" means a clinical procedure whereby blood volume is reduced to achieve a therapeutic outcome ~~[hematocrit level]~~.
- ~~[(14)] "Thrombolytic agent" means a pharmacological agent capable of dissolving blood clots.]~~
- (17) ~~[(15)]~~ "Titration" means adjustment of a medication dosage or rate of solution infusion as prescribed within a therapeutic range that is based on the assessment of a patient.
- (18) "Vesicant" means an agent capable of causing injury when it escapes from the intended vascular pathway into surrounding tissue.

Section 2. Education and Training Standards.

- (1) Prior to performing intravenous (IV) therapy, the licensed practical nurse (LPN) shall have completed

education and training related to the scope of IV therapy for an LPN. This education and training shall be obtained through:

- (a) A precicensure program of nursing for individuals admitted to the program after the effective date of this administrative regulation; or
 - (b) An institution, practice setting, or continuing education provider that has in place a written instructional program and a competency validation mechanism that includes a process for evaluation and documentation of an LPN's demonstration of the knowledge, skills, and abilities related to the safe administration of IV therapy. The LPN shall receive and maintain written documentation of completion of the instructional program and competency validation.
- (2) The education and training programs recognized in subsection (1) of this section shall be based on "Policies and Procedures for Infusion Nursing" as incorporated by reference in Section 7 of this administrative regulation and shall include the following components:

- (a) Technology and clinical applications;
- (b) Fluid and electrolyte balance;
- (c) Pharmacology and vesicants;
- (d) Infection control;
- (e) Transfusion therapy;
- (f) Parenteral nutrition; and
- (g) Legal aspects based on KRS Chapter 314 and this administrative regulation.

Section 3. Supervision Requirements.

- (1) An LPN performing IV therapy procedures shall be under the direction and supervision of a registered nurse (RN), advanced registered nurse practitioner (ARNP), physician, or dentist.
- (2) For a patient whose condition is determined by the LPN's supervisor to be stable and predictable, and rapid change is not anticipated, the supervisor may provide supervision of the LPN's provision of IV therapy without being physically present in the immediate vicinity of the LPN, but

shall be readily available.

- (3) In the following cases, for the LPN to provide IV therapy, the LPN's supervisor shall be physically present in the immediate vicinity of the LPN and immediately available to intervene in the care of the patient:
 - (a) If a patient's condition is or becomes critical, fluctuating, unstable, or unpredictable;
 - (b) If IV medications or fluids are administered by push or bolus administration, except for saline or heparin to maintain patency of an IV access device;
 - (c) If a patient has developed signs and symptoms of an IV catheter-related infection, venous thrombosis, or central line catheter occlusion;
 - (d) If a patient is receiving blood, blood components, or plasma volume expanders; or
 - (e) If a patient is receiving peritoneal dialysis or hemodialysis.

Section 4. Standards of Practice.

- (1) An LPN shall perform only those IV therapy acts for which the LPN possesses the knowledge, skill, and ability to perform in a safe manner, except as limited by Section 6 of this administrative regulation and under supervision as required by Section 3 of this administrative regulation.
- (2) An LPN shall consult with an RN or other appropriate individual and seek guidance as needed if:
 - (a) The patient's care needs exceed the licensed practical nursing scope of practice;
 - (b) The patient's care needs surpass the LPN's knowledge, skill, or ability; or
 - (c) The patient's condition becomes unstable or imminent assistance is needed.
- (3) An LPN shall obtain instruction and supervision as necessary if implementing new or unfamiliar nursing practices or procedures.
- (4) An LPN shall follow the written, established policies and procedures of the facility that are consistent with KRS Chapter 314.

Section 5. Functions That May Be Performed.

An LPN who has met the education and training requirements of Section 2 of this administrative regulation may perform the following IV therapy functions, except as limited by Section 6 of this administrative regulation and under supervision as required by Section 3 of this administrative regulation:

- (1) Calculation and adjustment of the flow rate on all IV infusions;
- (2) Observation and reporting of subjective and objective signs of adverse reactions to any IV administration and initiate appropriate interventions;
- (3) For all IV access devices:
 - (a) Administration of IV fluids and medications via central venous and peripheral access devices as permitted by this Section and prohibited by Section 6 of this administrative regulation;
 - (b) Performance of site care and maintenance that includes:
 - 1. monitor access site and infusion equipment,
 - 2. change administration set, including add-on device and tubing,
 - 3. flushing, and
 - 4. change site dressing;
 - (c) ~~Performance of maintenance;~~ (d) Discontinuance of a medication or fluid infusion; and
 - (d) ~~(c)~~ Conversion of a continuous infusion to an intermittent infusion.
- (4) Insertion or removal of a peripheral ~~[route]~~ access device;
- (5) Administration, monitoring ~~[maintenance]~~, and discontinuance of blood, blood components, and plasma volume expanders;
- (6) Administration of IV medications and fluids that are mixed and labeled by an RN, ARNP, physician, dentist, or pharmacist or are commercially prepared;
- (7) Mixing and administration via push or bolus route of any of the following classifications of medications: ~~[Administration of]~~
 - (a) analgesics,
 - (b) antiemetics,
 - (c) the antagonistic agents for analgesics ~~[and antiemetics]~~,

CONTINUED ON PAGE 29

DISCIPLINARY Actions

Since the publication of the summer edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website at <http://kbn.ky.gov/kbn/downloads/discipline.pdf>. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

LICENSE REVOKED

Akers, Kimberly Selvae	LPN# 2027321	Ashland KY	Eff. 7/26/06
* Bell, Theresa Lee	LPN# 2032830	Louisville KY	Eff. 7/26/06
Delk, Kimberly J. Parman	RN# 1061034	Lexington KY	Eff. 7/13/06
Farrington, Gloria Mae	LPN# 2034039	Bronston KY	Eff. 7/26/06
* Johnson, Byron Benjamin	LPN# 2031153	Louisville KY	Eff. 7/26/06

IMMEDIATE TEMPORARY SUSPENSION OF LICENSE

* Cox, Kara Michelle	LPN# 2038757	Somerset KY	Eff. 9/22/06
* Dunn, Robin Dawn Pate	LPN# 2037847	Louisville KY	Eff. 8/24/06
* Emmert, Tracy Sue	RN# 1086921	Floyd Knobs IN	Eff. 7/28/06
Farris, Kelly Jo Martin	RN#1095836	Keavy KY	Eff. 9/12/06
Hardin, Christy Lynn Walden	LPN# 2032963	Lexington KY	Eff. 7/13/06
* Hunter, Susan L. Appel	RN# 1070695	Ashland KY	Eff. 7/17/06
Lee, Juantita Myrle Van Dyke	RN# 1091727	Grundy VA	Eff. 8/29/06
* McNay, Jennifer Ann Collett	LPN# 2032479	Cincinnati OH	Eff. 8/25/06
* Norris, Amy Lynn Whitaker	LPN# 2036057	Lancaster KY	Eff. 8/24/06
* Reynolds, Jason M.	RN# 1100329	Olive Hill KY	Eff. 7/07/06
* Ricketts, Chandace E.	RN# 1102543	Elizabethtown KY	Eff. 9/25/06
Wesley, Debbie Neal	RN# 1047048	Liberty KY	Eff. 7/28/06

LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

* Earls, Vickie L. Root	RN# 1080729	London KY	Eff. 7/13/06
* Faulkner, Paula Elaine	LPN# 2034025	Crestwood KY	Eff. 7/19/06
* Haney, Angela Robin Johnson	RN# 1098088	Louisville KY	Eff. 8/08/06
* Harrell, Sami	RN# 1101310	Owensboro KY	Eff. 7/28/06
* Hatton, James	LPN# 2032578	Hazard KY	Eff. 8/08/06
* Masters, Dawn Marie Rigdon	RN# 1062680	Morehead KY	Eff. 7/28/06
McKenzie, Jeffrey Calvin	RN# 1041928	Cincinnati OH	Eff. 9/11/06
Patton, Teresa Epperson	LPN# 2031175	Littcarr KY	Eff. 8/24/06
* Phipps, Kimberly A. Miller	LPN# 2032363	Louisville KY	Eff. 8/23/06
Talavera, Carla Rae Craig	RN# 1090987	Lexington KY	Eff. 9/13/06
* Wenninger, Terri L. Privette	RN# 1054788	Crestwood KY	Eff. 9/12/06

LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

Ashley, Teresa King	RN# 1054580	Shelbyville KY	Eff. 7/27/06
Baird, Penny Lynn Laster	RN# 1057507	Paducah KY	Eff. 7/27/06
Beck, Lora Dale Caudill	RN# 1062764	Nicholasville KY	Eff. 7/07/06
Boling, Vickie A. Drake	LPN# 2022642	Owenboro KY	Eff. 7/07/06
Burton, Lisa Karen Grider	RN# 1079603	Campbellsville KY	Eff. 9/21/06
Camp, Wynella Y.	RN# 1047870	Louisville KY	Eff. 7/07/06
Dennison, Mary E.	RN# 1068308	Ashland KY	Eff. 7/27/06
Goley, Christian Shayne	RN# 1086369	Louisville KY	Eff. 7/27/06
Morgan, Jeanne T. Toppen	LPN# 2038953	Cincinnati OH	Eff. 8/24/06
Reitz, Kristopher Hans	RN# 1088493	Lexington KY	Eff. 7/27/06
Sims, Lee Meredith	LPN# 2032928	Harrodsburg KY	Eff. 7/27/06
Stumbo, Emily T. Burns	RN# 1102777	Georgetown KY	Eff. 7/27/06

TEMPORARY WORK PERMIT VOIDED

Hacker, Cindy Sue McGuire	TWP# 42720	Ironton OH	Eff. 9/06/06
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LICENSE SUSPENDED AND STAYED LIMITED/PROBATED

Terrell, Mary Suzanne Kemper	RN# 1059112	Louisville KY	Eff. 8/24/06
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LICENSE PLACED ON LIMITATION/PROBATION

Crowe, Cathy Lynn Terry	RN# 1100110	Winchester KY	Eff. 9/21/06
	LPN# 2029325		
Dillingham, Mary Florence Hampton	LPN# 2022836	Benton KY	Eff. 9/21/06

Goldsmith, Tonya Jean	LPN# 2033613	Louisville KY	Eff. 9/21/06
Harvey, Glenda Darlene	RN# 1098977	Columbia KY	Eff. 7/27/06
Jones, Shanna Lee Cook	LPN# 2033575	Water Valley KY	Eff. 7/27/06
LaPierre, Patricia Walters	RN# 1039529	Whitesburg GA	Eff. 9/21/06
LICENSE TO BE REINSTATED LIMITED/PROBATED			
Carter, Melissa A. Weston	RN# 1105076	Westmoreland TN	Eff. 7/13/06
Dowell, Pamela A.	RN# 1058549	Louisville KY	Eff. 9/22/06
	LPN# 2018603		
LICENSE TO BE CONTINUED ON LIMITATION/PROBATION			
Richardson, Price Randolph	RN# 1103204	Shelbyville KY	Eff. 9/21/06
REPRIMAND			
Brangers, Sheri Lynn Eaton	LPN# 2033399	Mt. Washington KY	Eff. 8/24/06
Branson, Traci Leah	RN# 1105276	Henderson KY	Eff. 7/27/06
Braun, Christine E. Able	RN# 1106080	Vevay IN	Eff. 7/13/06
Carver, Kelly M. Huddleston	LPN Applicant/Endorsement	Irononton OH	Eff. 9/21/06
Case, Margaret Howie	RN# 1070588	Utica KY	Eff. 8/24/06
Gootee, Sondra Fell	RN# 1037567	Louisville KY	Eff. 7/13/06
Jordan, Christy Dawn Wagoner	RN# 1094860	Greenville KY	Eff. 7/13/06
Nunley, Jamie Michelle Stephens	RN# 1091467	Grayson KY	Eff. 9/21/06
Pearl, Joyce Lee Gray	LPN# 2014413	Owensboro KY	Eff. 7/27/06
Wilson, Gwenetta Kaye Griggs	RN# 1072804	Powderly KY	Eff. 7/27/06
CONSENT DECREES ENTERED FISCAL YEAR TO DATE			
Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration			8
Imposition of civil penalty for failure to meet mandatory continuing education requirement for renewal of license ..			2
LICENSES REMOVED FROM PROBATION FISCAL YEAR TO DATE			5
KENTUCKY ALTERNATIVE RECOVERY EFFORT (KARE) PROGRAM GRADUATES TO DATE			16

CONTINUED FROM PAGE 27

- (d) diuretics,
- (e) corticosteroids, and
- (f) saline or heparin to maintain patency of an IV access device ~~[via direct push or bolus route];~~
- (8) Administration of glucose to patients fourteen (14) years of age or older via direct push or bolus route;
- (9) Administration, monitoring ~~[maintenance]~~, and discontinuance of IV medications and fluids given via a patient controlled administration system;
- (10) Administration, monitoring ~~[maintenance]~~, and discontinuance of parenteral nutrition and fat emulsion solutions;
- (11) Performance of dialysis treatment; ~~[and]~~
- (12) Collection of blood specimens from an IV access device;
- (13) Removal of a non-coring needle from an implanted venous port; and
- (14) Titration of intravenous analgesic medications for hospice patients.

Section 6. Functions that Shall Not be Performed.

An LPN shall not perform the following IV therapy functions:

- (1) Administration of tissue plasminogen activators,

- immunoglobulins, antineoplastic agents, or investigational drugs;
- (2) Accessing of a central venous ~~[route]~~ access device used for hemodynamic monitoring;
- (3) Administration of medications or fluids via arterial lines or implanted arterial ports;
- (4) Administration of medications via push or bolus route except as permitted by Section 5(7) or (8) of this administrative regulation;
- (5) Administration of a fibrinolytic ~~[or Thrombolytic]~~ agent to declot any IV access device;
- (6) Administration of medications requiring titration, except as permitted by Section 5(14) of this administrative regulation;
- (7) Insertion or removal of any IV access device, except as permitted by Section 5(4) or (13) of this administrative regulation [a peripheral route access device];
- (8) Accessing or programming an implanted IV infusion pump,
- (9) Administration of IV medications for the purpose of procedural sedation, moderate sedation, or anesthesia;
- (10) administration of fluids or

- medications via an epidural, intrathecal, intraosseous, or umbilical route, or via a ventricular reservoir;
- (11) Administration of medications or fluids via an arteriovenous fistula or graft, except for dialysis;
- (12) Performance of the repair of a central venous ~~[route]~~ access device; ~~[or]~~
- (13) Mix any medications other than those listed in Section 5(7) of this administrative regulation;
- (14) Insertion of non-coring needles into an implanted port; or
- (15) Performance of therapeutic phlebotomy.

Section 7. Incorporation by Reference.

- (1) "Policies and Procedures for Infusion Nursing," ~~Third~~ Second Edition (20026), Infusion Nurses Society, is incorporated by reference.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky, Monday through Friday, 8 a.m. to 4:30 p.m.

Nurse Licensure Compact (NLC)

by **Sue Derouen**, Operations Manager



Kentucky implements the NLC on June 1, 2007. If you have any questions regarding the Nurse Licensure Compact, contact Sue Derouen, KBN Operations Manager at Sue.Derouen@ky.gov or 502-429-3327 or Nathan Goldman, KBN General Counsel, at Nathan.Goldman@ky.gov or 502-429-3309. Please watch for more information on the Nurse Licensure Compact in future issues of the *KBN Connection*.

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